United States District Court

_ DISTRICT OF ___MASSACHUSETTS

LAWRENCE W. HAMMARE,

Plaintiff

SUMMONS IN A CIVIL ACTION

CASE NUMBER: 05-30/55-MHP

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA and T-MOBILE USA, INC.,

Defendants

TO: (Name and Address of Defendant)

The Prudential Insurance Company of America Post Office Box 13480 Philadelphia, PA 19101

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon

PLAINTIFF'S ATTORNEY (name and address)

Judd L.Peskin, Esq. Peskin, Courchesne & Allen, P.C. 101 State Street, Suite 301 Springfield, MA 01103

an answer to the complaint which is herewith served upon you, within _____ days after senice of this summons upon you, exclusive of the day of service. If you fall to do so, judgment by default will be taken against you for the relief demanded in the complaint.

SARAH A. THORNTON

CLERK

Vine 28, 2005

AO 440 (Rev. 5/85) Summons In a Civi	155-MAP Document	5 Filed 08/04/2005	Page 2 of 2
	RETURN	OF SERVICE	
Service of the Summons and Co	omplaint was made by me ¹	DATE	
NAME OF SERVER		TITLE	
Check one box below to indicate ap	propriate method of service		
		ed:	
Name of person with who	m the summons and complaint	were left:	
Other (specify):			_,,
	STATEMENT OF	SERVICE FEES	
RAVEL	SERVICES	OCHAICE LEES	TOTAL
	DEGLADATION		
	DECLARATION	N OF SERVER	
	ty of perjury under the laws of rvice and Statement of Service	of the United States of Amer e Fees is true and correct.	ica that the foregoing information
Executed on	6:		
	Signature of Server		
	•		
	Address of Server		

Deputy Sheriff, George Slyva



Suffolk County Sheriff's Department • 45 Bromfield Street • Boston, MA 02108 • (617) 989-6999

Suffolk, ss.

July 26, 2005

I hereby certify and return that on 7/11/2005 at 8:30AM I served two copies copy of the within Sammont, Complaint and Cover Sheet in this action together with \$6.00 in feen, upon the within named The Prudential Innurance Company of America in the following manner (See Mass. R. Civ.P.4(d)): by leaving at the office of the Innurance Commissioner for the Commonwealth the following manner (See Mass. R. Civ.P.4(d)): by leaving at the office of the Innurance Commissioner for the Commonwealth the following manner (See Mass. R. Civ.P.4(d)): by leaving at the office of the Innurance Commissioner for the Commonwealth the following manner (See Mass. R. Civ.P.4(d)): by leaving at the office of the Innurance Commissioner for the Commonwealth the following in hand to C.Ray, agent at time of service U.S. District Court Fee (\$5.00), Paid Comm (\$6.00), Basic Service Fee (IH) (\$30.00), Travel (\$25.10), Postage and Handling (\$1.00), Attest/Copies (\$10.00) Total Charges \$77.10

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